

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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Investigation ID: 1

License #: 785-01-001

Organization Name: Pleasante Vue LLC Residential Care Home

Date of Inspection: 09-09-2011

Program Type/Facility Name: Group Home -Pleasant Vue

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
150.4 - Human rights law and regulations	NS	<p>•12 VAC 35-005-230 A & B-Reporting Requirements: The program failed to report to the Department the serious injuries requiring medical attention to OHR and OL. They also did not report that APS initiated investigations regarding consumer I1 & I2.</p> <p>•12 VAC 35-115-60B2-Services-The provider did not have a current behavioral support plan that addressed I1's self injurious behaviors.</p> <p>•12 VAC 35-115-50B2-Dignity-The program failed to get medical treatment in a timely manner for serious injuries. They only did this only after I1's case manager insisted on it.</p> <p>•12 VAC 35-115-50D3-The provider did not conduct a complete investigation into the how I1 injured his head on or about September 1.</p>	<p>Since being inspection Pleasant Vue has implemented 2 staff member on duty with individual while he is awake. 1 staff will shadow the individual for self a mutilation as well as to provide safety for the other residence. If individual has a behavior. Both staff member will address the behavior right way. Also, if parents call the individual staff is to watch very closely for any reaction to the telephone conversation.</p> <p>ACCEPTED</p>	09/11/2011
160.C.1 - Provider shall collect maintain and report allegations of abuse & neglect	NS	Provider failed to report serious incidents involving resident with head injury, open bite to hand and foot sore within 24 hours to the Office of Licensing.	Provider will do daily body checks on individual and take to the ER within the hour of injury and make sure all reports are sent up right way. ACCEPTED	09/11/2011
580.B - Structured program of care	NS	<p>Provider failed to ensure the health & safety of a resident.</p> <p>Provider failed to notify the Office of Human Rights and the Office of Licensing within 24 hours.</p>	<p>Daily checks will be done to make sure all incidents are filed within timely matter.</p> <p>ACCEPTED</p>	09/11/2011
590.A - Staffing plan to include type & role of employees	N	Provider failed to have adequate staffing plan. Documentation reviewed indicated the Ms. Baptiste had worked three consecutive shifts.	The schedule for staff has been revised and ad will be run on the internet for DSP position. ACCEPTED	09/11/2011
670.B - ISP shall be signed and dated by person resp. for implementation and individual served	N	Review of the Part V of the PCP plan beginning 8/1/11 is not signed.	Provider and father signed the plan. ACCEPTED	09/11/2011
720.A - Written Policy & procedure addressing adequate health care	NS	Provider failed to address the medical care needs of resident who sustained injury to the head, open bite to the hand and had a blister on his foot on a timely basis. Resident was taken to the ER after the insistence of his Case Manager	Provider will take individual to primary care or ER within the hour of injury. ACCEPTED	09/11/2011
720.A.4 - Provider manages medical care needs or responds to abnormal findings	NS	Provider failed to address the medical care needs of resident who sustained injury to the head, open bite to the hand and had a blister on his foot on a timely basis. Resident was taken to the ER after the insistence of his Case Manager.	Provider will take individual to primary care or ER within the hour of injury. ACCEPTED	09/11/2011
800.A.1 - Policies on	N	Provider failed to follow-up on obtaining revised behavioral	Provider got in touch with Support Coordinator and	09/12/2011

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behavior management including seclusion, restraint and time out		support plan. Documentation reviewed indicated that a previous behavioral support plan was in the record. This behavioral support plan did not address current behavioral concerns. Provider indicated that a new behavioral consultant had been sought but that nothing had started. Cited the same for 800.A.2 thru 800.A.6	Behavior support consultant and received update plan for individual. ACCEPTED	

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General Comments / Recommendations:

An unannounced licensure investigation was initiated by a complaint submitted. Please submit acceptable corrective action by October 11, 2011 to:
Ed.Gonzalez@DBHDS.Virginia.Gov

NOTE: After the completion of an investigation initiated on 9/9/11, OL Specialist has concluded that the provider has failed to assure an individual's Health & Safety and this is a **FOUNDED** case of neglect.

OL Specialist has recommended that the provider be placed on a **PROVISIONAL** License this investigation.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Ed Gonzalez, Specialist

(Signature of Organization Representative)

Date

Mail to: 2100 Steppingstone Square
Chesapeake. VA 23320

Due Date: 10-11-2011

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined